

JENNIFER M. GRANHOLM GOVERNOR ROBERT W. SWANSON DIRECTOR

PROCTOR FORM

You may have the written examination sent to the proctor of your choice or may take the examination at the Division on Deaf and Hard of Hearing office with an appointment. The proctor may be a supervisor, librarian, pastor or teacher.

Please send my written examination to:		
	Name	
	Address	
	City and State	
	Zip Code	
Send this completed form	with the application t	o:
	MI QA P.O. Box 12083	
L	ansing, MI 48901-20	83
Reminder: You must successfully comperformance portion of the QA test.	plete the written exa	mination before you take the
Your signature		Date
Please put me on the 24 hour notice list.	YES	NO